



Community Arts Program Professional Development Scholarship - Application

Organization Name _____

Applicant Name & Role _____

Organization Street Address _____

City _____ Zip _____

Telephone _____ Email _____

Website _____

Conference or Training _____

Conference Dates _____

Conference Cost (estimate) _____

ASSURANCES

I certify that:

- I understand that payment will not be processed until I have provided receipts.
- Applying does not guarantee scholarship.
- I will attend the **entire** conference / training

Signature (Applicant)

Date

- 1) Have you previously received this professional development scholarship?
Yes No

If Yes: When did you receive it and what conference or training did you attend?

- 2) Has anyone else from your organization applied for this scholarship in this year?
Yes No

If Yes: When did they receive it and what conference or training did they attend?

- 3) How will this opportunity support your organizational / personal / professional goals?

To submit application: email Tracy Hansford at thansford@utah.gov.

In email subject line please put: **Community Arts Professional Development, (Your Name)**

If you have questions please contact Tracy at the email above or call 801-236-7544